

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Child and Family Services Agency**



To: All CFSA Staff Administrative Issuance: CFSA-05-5

From: Uma Ahluwalia, Principal Deputy Director

Date: November 1, 2005

Re: Referral of Supported Child Abuse/Neglect Cases to the Early Care and Education Administration (formerly Office of Early Childhood Development)

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This Administrative Issuance serves to inform Child and Family Services Agency (CFSA) staff of the mandatory requirement to refer eligible children in supported child abuse/neglect cases to the Department of Human Services (DHS) in compliance with the Child Abuse Prevention and Treatment Act (CAPTA).

This Administrative Issuance is applicable to all CFSA and contract agency employees.

If you have any questions about this Administrative Issuance, please contact the Principal Deputy Director.

**1. Authority**

The Agency Director adopts this procedure to be consistent with the Agency's mission and applicable federal and District laws, rules and regulations, including, but not limited to Section 106 of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by the Keeping Children and Families Safe Act of 2003, Public Law 108-36, 42 U.S.C. § 5106a(b)(2)(A)(xxi).

**2. Overview of Early Intervention in the District of Columbia**

- a. The Department of Human Services' Early Care and Education Administration (formerly known as OECD) oversees the District of Columbia Infants and Toddlers with Disabilities Services Program [ITDSP (formerly known as the Early Intervention Program)]. The ITDSP, a prevention and intervention strategy, promotes the identification and screening of infants and toddlers for developmental delays up to three years of age.
- b. Child Find is the program responsible for the identification, screening and evaluation of children and youth who are suspected or have a diagnosed disability or developmental delay, in order to provide early intervention and special education services under the law. This program is required by the Individuals with Disabilities Education Act (20 U.S.C. § 1400 et seq. (IDEA)) and its 2004 amendments (Individuals with Disabilities Education Improvement Act of 2004, 108 P.L. 446, 118 Stat. 2647 (Dec. 3, 2004) § 637).

- c. Under CAPTA, the District of Columbia is responsible for ensuring that all children under 3 years of age who are involved in a substantiated case of child abuse or neglect are referred for early intervention screening.
- d. Best practice suggests all children 0-3, regardless of substantiation, should receive medical and/or screening services appropriate to the circumstance.
- e. Any child who has a positive screen must be subsequently referred for a comprehensive evaluation to determine the need for direct services to address an identified developmental delay.
- f. Services are voluntary and a parent who does not initially consent to services may contact ECEA at a later date to resume services for their child (prior to age 3).
- g. Parental consent is not required to make a referral for developmental screening or evaluation.
- h. At age 3, eligible children are served by the District of Columbia Public Schools Division of Special Education. DCPS serves eligible children from 3 years through 21 years of age.

### **3. Procedures and Requirements**

The Child Protective Services (CPS) social worker shall:

- a. In every child abuse/neglect investigation in which abuse or neglect is substantiated, refer each child in the household who is under 3 years of age to OCP within 72 hours of the investigative decision of substantiation.
- b. Complete referrals using standard referral form (AI-05-5a) and manually forward to OCP with a hard copy maintained in the child's case record.
- c. Document the initial referral information in FACES under the Medical Appointments Details screen as a new appointment. Under the Medical Type drop down pick list, the following shall be selected: "0-3 Screening".

The CPS or case carrying social worker, as applicable, shall:

- d. Document information in FACES including: outcome of the screening, further evaluations and follow-up information, as follows:
  - i) For the outcome of the screening, documentation shall be under the Medical Appointments Details screen for the entry that has "0-3 Screening". Under the Status drop down pick list, the worker shall select the applicable term, e.g. Completed, No-Show, Assessment Needed, etc.
  - ii) If an evaluation is needed, it shall be documented under the Medical Appointments Details screen as a new appointment. Under the Medical Type drop down pick list, the following shall be selected: "Developmental Evaluation". The outcome of the evaluation, when known, shall be documented using the Status drop down pick list.
- e. Participate in any case staffings or conferences requested by OCP or ECEA.
- f. Participate in the development of the Individualized Family Services Plan with ITDSP and/or the development of any transition plan as requested.

#### **4. Procedures and Requirements for Office of Clinical Practice**

OCP shall:

- a. Serve as the liaison between CFSA and ECEA (Child Find).
- b. Receive all referrals for screening from the CPS social worker (standard referral form AI-05-5a).
- c. Track all referrals for screening electronically.
- d. Forward all referrals for screening to Child Find within 72 hours of receipt of referral.
- e. Receive all follow-up from Child Find concerning referrals for screening and for open cases, and provide the information to the social worker for entry into FACES and follow up.

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**0-3 EARLY INTERVENTION SCREENING REFERRAL FORM**

**This is the standard referral form to be completed in compliance with CFSA Administrative Issuance AI-05-5, *Referrals to the Early Care and Education Administration for Early Intervention Screening*.**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Medicaid Number \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Relationship to Child: Biological/Adoptive Parent [ ] Legal Guardian [ ] Other [ ]

Name of Referring Social Worker \_\_\_\_\_

Address **Child & Family Services Agency, 400 6<sup>th</sup> St SW, Washington, DC 20024**

Phone Number (W) \_\_\_\_\_ (C) \_\_\_\_\_ Fax Number \_\_\_\_\_

Reason for referral **CAPTA requirement.** Additional information/concerns: \_\_\_\_\_

Is the child involved with other medical, therapeutic or developmental services? **If yes, please describe.**  
**If unknown, write Unknown.**

Has child been previously evaluated? Yes [ ] No [ ] Unknown [ ] If yes, where? \_\_\_\_\_

Social worker signature \_\_\_\_\_ Date of Referral to OCP \_\_\_\_\_

**NOTE: ONCE COMPLETED, THE ORIGINAL FORM MUST BE SUBMITTED TO THE CFSA OFFICE OF CLINICAL PRACTICE, 400 6<sup>TH</sup> ST., 4<sup>TH</sup> FLOOR, AND A HARD COPY SHALL BE PLACED IN THE CHILD'S CASE RECORD.**